

## DUES AND LICENSES

Req	Date	Vendor/Descript	Deductions	Additions	Final Balance
		Beginning Budget Amount			3000.00
16-00006	VR 12/12/05	CENTRAL ILLINOIS HUMAN RESOURC	130.00	.00	2870.00
16-00007	VR 12/12/05	INSTITUTE FOR SUPPLY MANAGEMEN	135.00	.00	2735.00
16-00008	VR 12/12/05	EMPLOYERS' ASSOCIATION OF ILLI	774.40	.00	1960.60
16-00027	VR 1/05/06	IL CITY/COUNTY MANAGEMENT ASSO	75.00	.00	1885.60
16-00031	VR 1/05/06	ILLINOIS SECRETARY OF STATE	10.00	.00	1875.60
16-00040	VR 1/10/06	GOVERNMENT FINANCE OFFICERS AS	190.00	.00	1685.60
16-00069	VR 2/07/06	CHAMPAIGN COUNTY TREASURER	500.00	.00	1185.60
16-00078	VR 2/22/06	IL ASSN OF PUBLIC PROCUREMENT	45.00	.00	1140.60
16-00078	VR 2/22/06	IL ASSN OF PUBLIC PROCUREMENT	20.00	.00	1120.60
16-00139	VR 4/05/06	SOCIETY FOR HUMAN RESOURCE MAN	160.00	.00	960.60
16-00184	VR 5/17/06	SOCIETY FOR HUMAN RESOURCE MAN	160.00	.00	800.60
16-00201	VR 6/01/06	IL CITY/COUNTY MANAGEMENT ASSO	222.50	.00	578.10
16-00201	VR 6/01/06	IL CITY/COUNTY MANAGEMENT ASSO	75.00	.00	503.10
16-00224	VR 6/21/06	INTERNATIONAL PUBLIC MANAGEMEN	145.00	.00	358.10
16-00249	VR 8/02/06	INTERNATIONAL PUBLIC MANAGEMEN	145.00	.00	213.10
6-00000	TF 9/11/06	SAME CATGY TFR 00536	.00	110.00	323.10
16-00296	VR 9/13/06	EASTERN ILLINOIS SAFETY NETWOR	25.00	.00	298.10
166	AJ 9/18/06	INTERNATIONAL PUBLIC MANAGEMEN	.00	145.00	443.10
16-00294	VR 9/21/06	IL CITY/COUNTY MANAGEMENT ASSO	222.50	.00	220.60
16-00294	VR 9/21/06	IL CITY/COUNTY MANAGEMENT ASSO	75.00	.00	145.60
6-00000	TF 10/23/06	SAME CATGY TFR 00678	.00	559.00	704.60
6-00000	TF 11/14/06	SAME CATGY TFR 00763	640.00	.00	64.60
			-----	-----	
			3749.40	814.00	

## PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

Payment Due Date 12/22/2006 Advance Check Needed

## Terms & Conditions

The items listed above are a proper charge against the appropriation shown hereon and the service or materials are to be used exclusively for the purpose against which items are charged.

**\*\* PLEASE SIGN IN BLUE INK \*\***

Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn:

County Auditor Use Only

Funds Approved                      Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

P A Y M E N T      C O P Y

### PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

Appropriation Acct. No. 080-016-533.93

Payment Due Date 01/01/2006 Advance Check Needed   

Terms & Conditions \_\_\_\_\_

V E N D O R	<u>CIHRG NCSA U OF I</u>	The items listed above are a proper charge against the appropriation shown hereon and the service or materials are to be used exclusively for the purpose against which items are charged.  <b>** PLEASE SIGN IN BLUE INK **</b>  _____ Department Authorized Signature  Date Goods/Services Received _____
	<u>C/O JONATHON HOWELL</u>	
	<u>1205 W CLARK RM 1008</u>	
	<u>URBANA, IL 61801-0000</u>	

Attn: \_\_\_\_\_

Funds Approved Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

( County Auditor Use Only )

Appropriation Acct. No. 080-016-533.93

{ Vendor  
No. 24948 }

Payment Due Date 01/01/2006 Advance Check Needed   

Terms & Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	2006 ANNUAL DUES INV 18673 FOR DEBRA BUSEY		774.40
		Total:	774.40

V { EMPLOYERS' ASSOCIATION OF ILLINOIS  
E {  
N {  
D {  
O { 401 NE JEFFERSON AVE  
R { PEORIA, IL 61603-3725

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**\*\* PLEASE SIGN IN BLUE INK \*\***

Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

County Auditor Use Only

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

P A Y M E N T C O P Y

## PAYMENT REQUISITION

Terms & Conditions \_\_\_\_\_

## PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

Appropriation Acct. No. 080-016-533.93

Payment Due Date 01/05/2006 Advance Check Needed X

## Terms & Conditions

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**\*\* PLEASE SIGN IN BLUE INK \*\***

Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn:

County Auditor Use Only

Funds Approved                      Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## PAYMENT REQUISITION

Date 01/06/2006 Department ADMINISTRATIVE SERVICES

Terms & Conditions \_\_\_\_\_

V {  
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N {  
D {  
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R {

GOVERNMENT FINANCE OFFICERS ASSOCIATION

DEPT 77-3076

CHICAGO, IL 60678-3076

Attn:

Funds Approved                      Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

Appropriation Acct. No. 080-016-533.93

Payment Due Date \_\_\_\_\_ Advance Check Needed X

## Terms & Conditions

V { GOVERNMENT FINANCE OFFICERS ASSOCIATION  
E {  
N { SUITE 2700  
D {  
O { 203 N LASALLE ST  
R { CHICAGO, IL 60601-1210

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**\*\* PLEASE SIGN IN BLUE INK \*\***

\_\_\_\_\_  
Department Authorized Signature

\_\_\_\_\_  
Date Goods/Services Received

Attn: \_\_\_\_\_

County Auditor Use Only

Funds Approved                      Auditor                      A/P Check Date \_\_\_\_\_



## PAYMENT REQUISITION

## Terms & Conditions

Date Goods/Services Received \_\_\_\_\_

P A Y M E N T      C O P Y

No. 16-00184 FY: 2005/2006Date 05/09/2006 Department ADMINISTRATIVE SERVICES

{ County Auditor Use Only } Appropriation Acct. No. 080-016-533.93  
{ Vendor }  
{ No. } Payment Due Date \_\_\_\_\_ Advance Check Needed   

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	PRO SHRM MEMBERSHIP 5/2/06-5/31/07 ACCT 4461080 ORDER 9000667827 FOR RON GREMORE		160.00
		Total:	160.00

V { SOCIETY FOR HUMAN RESOURCE MANAGEMENT  
E {  
N { P O BOX 79482  
D {  
O {  
R { BALTIMORE, MD 21279-0482

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**\*\* PLEASE SIGN IN BLUE INK \*\***\_\_\_\_\_  
Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

**County Auditor Use Only**

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

No. 16-00201 FY: 2005/2006Date 05/30/2006 Department ADMINISTRATIVE SERVICES

{ County Auditor Use Only } Appropriation Acct. No. 080-016-533.93  
 { Vendor }  
 { No. 35710 } Payment Due Date \_\_\_\_\_ Advance Check Needed \_

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	MEMBERSHIP FEES FOR DEBRA BUSEY ILCMA-MANAGER NACA		222.50 75.00
		Total:	297.50

V { IL CITY/COUNTY MANAGEMENT ASSOCIATION  
 E { RGNL DEVELOPMNT INST  
 N { NORTHERN IL UNIV  
 D { DEKALB, IL 60115-2854  
 O {  
 R {

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**\*\* PLEASE SIGN IN BLUE INK \*\***\_\_\_\_\_  
Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

**County Auditor Use Only**

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## PAYMENT REQUISITION

FY: 2005/2006

Department ADMINISTRATIVE SERVICES

Payment Due Date	Advance Check Needed
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## Terms & Conditions

V E N D O R	INTERNATIONAL PUBLIC MANAGEMENT ASSN	The items listed above are a proper charge against the appropriation shown hereon and the service or materials are to be used exclusively for the purpose against which items are charged.
		<b>** PLEASE SIGN IN BLUE INK **</b>
	1617 DUKE STREET	Department Authorized Signature
	ALEXANDRIA, VA 22314-0000	Date Goods/Services Received

Attn:

Funds Approved	Auditor	A/P Check Date

Terms & Conditions \_\_\_\_\_

## PAYMENT REQUISITION

## Terms & Conditions

No. 16-00294 FY: 2005/2006Date 09/11/2006 Department ADMINISTRATIVE SERVICES{ County Auditor Use Only  
{ Vendor  
{ No. 35710 }Appropriation Acct. No. 080-016-533.93

Payment Due Date \_\_\_\_\_ Advance Check Needed \_\_\_\_\_

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	MEMBERSHIP DUES FOR DENNIS INMAN ILCMA IACA - NACO		222.50 75.00
		Total:	297.50

V { IL CITY/COUNTY MANAGEMENT ASSOCIATION  
E { RGNL DEVELOPMNT INST  
N { NORTHERN IL UNIV  
D { DEKALB, IL 60115-2854  
O {  
R {

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\*\* PLEASE SIGN IN BLUE INK \*\*

Department Authorized Signature \_\_\_\_\_

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

## County Auditor Use Only

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## DUES AND LICENSES

Req	Date	Vendor/Descript	Deductions	Additions	Final Balance
		Beginning Budget Amount			28203.00
10-00003	VR 12/19/05	CHAMPAIGN COUNTY TREASURER	20155.00	.00	8048.00
10-00005	VR 12/19/05	ILLINOIS ASSN OF COUNTY BOARD	850.00	.00	7198.00
10-00025	VR 3/29/06	CHAMPAIGN COUNTY CHAMBER OF CO	230.00	.00	6968.00
10-00032	VR 5/24/06	CHAMPAIGN COUNTY TREASURER	3699.00	.00	3269.00
6-00000	TF 12/07/06	SAME CATGY TFR 00930	547.00	.00	2722.00
6-00000	TF 12/07/06	SAME CATGY TFR 00930	644.00	.00	2078.00
			-----	-----	
			26125.00	.00	



No. 10-00003 FY: 2005/2006Date 12/09/2005 Department COUNTY BOARD

{ County Auditor Use Only } Appropriation Acct. No. 080-010-533.93  
 { Vendor }  
 { No. 161 } Payment Due Date \_\_\_\_\_ Advance Check Needed \_\_\_\_\_

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	2006 MEMBERSHIP SERVICES RPC MEMBERSHIP BASE FEE MEMBERSHIP PER CAPITA FEE DEC 05 - NOV 06		1,000.00 19,155.00
		Total:	20,155.00

V { CHAMPAIGN COUNTY TREASURER  
 E {  
 N { REG PLAN COMM FND075  
 D {  
 O { 1776 E WASHINGTON  
 R { URBANA, IL 61802-0000

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**\*\* PLEASE SIGN IN BLUE INK \*\***\_\_\_\_\_  
Department Authorized Signature

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

**County Auditor Use Only**

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

## PAYMENT REQUISITION

Terms & Conditions \_\_\_\_\_

**County Auditor Use Only**

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

P A Y M E N T C O P Y

No. 10-00025 FY: 2005/2006Date 03/21/2006 Department COUNTY BOARD

{ County Auditor Use Only } Appropriation Acct. No. 080-010-533.93  
{ Vendor }  
{ No. 15124 } Payment Due Date \_\_\_\_\_ Advance Check Needed \_\_\_\_\_

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	2006 ANNUAL MEMBERSHIP INVESTMENT MEMBER ID#2971 INV 41969 DID NOT RECEIVE ORIGINAL-HARD COPY IN MAIL		230.00
		Total:	230.00

V { CHAMPAIGN COUNTY CHAMBER OF COMMERCE  
E { SUITE 201  
N { 1817 S NEIL ST  
D { CHAMPAIGN, IL 61820-0000  
O {  
R {

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**\*\* PLEASE SIGN IN BLUE INK \*\***

Department Authorized Signature \_\_\_\_\_

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

**County Auditor Use Only**

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_

No. 10-00032 FY: 2005/2006Date 05/23/2006 Department COUNTY BOARD

{ County Auditor Use Only } Appropriation Acct. No. 080-010-533.93  
 { Vendor }  
 { No. 50102 } Payment Due Date \_\_\_\_\_ Advance Check Needed \_\_\_\_\_

Terms &amp; Conditions \_\_\_\_\_

Quantity	Full Description of Required Purchase/Or Service Rendered	Unit Price	Total
	RENEWAL OF MEMBERSHIP FOR PERIOD 1/01 - 12/31/06		3,699.00
	Champaign County 17019 Original Invoice Lost	Total:	3,699.00

V {  
 E {  
 N {  
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 R {

NATIONAL ASSOCIATION OF COUNTIES

PO BOX 79007

BALTIMORE, MD 21279-0007

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\*\* PLEASE SIGN IN BLUE INK \*\*

Department Authorized Signature \_\_\_\_\_

Date Goods/Services Received \_\_\_\_\_

Attn: \_\_\_\_\_

## County Auditor Use Only

Funds Approved \_\_\_\_\_ Auditor \_\_\_\_\_ A/P Check Date \_\_\_\_\_